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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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Sheet 1 of 1

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<p>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.</p> <p>Substitute for form 1449/PTO</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p><i>(Use as many sheets as necessary)</i></p>		Complete If Known	
		Application Number	10/638,213
		Filing Date	08/07/2003
		First Named Inventor	Conteas
		Art Unit	3739
		Examiner Name	Flanagan
Sheet	1	of	1
		Attorney Docket Number	
		03-044-T	

OTHER PRIOR ART-NON PATENT LITERATURE DOCUMENTS

Examiner Signature	B. F. A. S. A. J.	Date Considered	5/23/05
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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